Filed electronically May 3, 2016 LENARD E. SCHWARTZER 2850 SO. JONES BLVD., STE. 1 Las Vegas, NV 89146 2 (702) 307-2022 3 TRUSTEE 4 5 UNITED STATES BANKRUPTCY COURT 6 DISTRICT OF NEVADA 7 8 CASE NO. BK-S 16-11207 LED In re 9 IN PROCEEDINGS UNDER CHAPTER 7 GRIHALVA, JOAN ZITA 10 TRUSTEE'S NOTICE OF ASSETS AND XXX-XX-3030 NOTICE TO FILE CLAIMS 11 12 Debtor(s). 13 NOTICE IS HEREBY GIVEN, pursuant to Bankruptcy Rule 3002(c)(5), that the Trustee has found assets in this bankruptcy estate from which a payment of a dividend appears possible. Any creditor holding a claim against the above-entitled estate may file a proof of claim in the Office of the Clerk of the Bankruptcy Court, 300 Las Vegas Boulevard South, Las Vegas, 15 Nevada 89101. 16 NOTICE IS FURTHER GIVEN that, pursuant to Local Bankruptcy Rule 2002(a)(7), to be considered for a dividend in accordance with the Rule, a proof of claim must be filed within ninety 17 (90) days after the date of mailing of this notice. The last date to file claims is August 1, 2016. 18 NOTICE IS FURTHER GIVEN that, pursuant to Local Bankruptcy Rule 2002(a), after the expiration of the claims bar date in a Chapter 7 case, all notices required by Fed R. Bank P. 19 2002(a), except Fed. R. Bank. P. 2002(a)(4), may be mailed only to creditors whose claims have been filed with the Clerk of the Court and to creditors, if any, who are permitted to file claims by 20 reason of an extension granted under Fed. R. Bank. P. 3002(c)(6). 21 DATED: May 3, 2016 22 /s/ Lenard E. Schwartzer 23 Lenard E. Schwartzer, Trustee 24 25 NOTE: CLAIMS ARE TO BE FILED AT THE U.S. BANKRUPTCY COURT, 26 300 LAS VEGAS BOULEVARD SOUTH, LAS VEGAS, NEVADA 89101 CLAIMS NOT FILED BY THE BAR DATE ARE GENERALLY NOT ALLOWED. 27 28

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Fill in this information to identify the ca	se:
Debtor 1	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	District of
Case number	

Official Form 410

Proof of Claim

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: **Identify the Claim** 1. Who is the current creditor? Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor 2. Has this claim been ☐ No acquired from ☐ Yes. From whom? someone else? Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if Where should notices and payments to the different) creditor be sent? Federal Rule of Name Name Bankruptcy Procedure (FRBP) 2002(g) Number Number Street ZIP Code State ZIP Code City State City Contact phone Contact phone Contact email Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one): 4. Does this claim amend ☐ No one already filed? Filed on Yes. Claim number on court claims registry (if known) ____ MM / DD 5. Do you know if anyone ☐ No else has filed a proof ☐ Yes. Who made the earlier filing? of claim for this claim?

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Part 2:		Give Information About the Claim as of the Date the Case Was Filed						
6.		have any number e to identify the ?	□ No □ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:					
7.	How me	uch is the claim?	\$ Does this amount include interest or other charges?					
			 □ No □ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). 					
 8.	What is	the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.					
	claim?		Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).					
			Limit disclosing information that is entitled to privacy, such as health care information.					
9.	□ No □ Yes. The claim is secured by a lien on property.							
			Nature of property:					
			Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i>					
			Attachment (Official Form 410-A) with this Proof of Claim.					
			☐ Motor vehicle ☐ Other. Describe:					
			Basis for perfection:					
			Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)					
			Value of property: \$					
			Amount of the claim that is secured: \$					
			Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amounts should match the amount in line 7.					
			Amount necessary to cure any default as of the date of the petition: \$					
			Annual Interest Rate (when case was filed)% □ Fixed □ Variable					
10		claim based on a	□ No					
	lease? Yes. Amount necessary to cure any default as of the date of the petition. \$							
11	□ No							
1	right of	f setoff?	☐ Yes. Identify the property:					
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1								

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12. Is all or part of the claim entitled to priority under	□ No									
11 U.S.C. § 507(a)?	☐ Yes. Check	all that apply:					Amount entitled to priority			
A claim may be partly priority and partly	☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).						\$			
nonpriority. For example, in some categories, the law limits the amount	Up to \$2 personal	,775* of deposi , family, or hou	\$							
entitled to priority.	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. \$									
		penalties owed to governmental units. 11 U.S.C. § 507(a)(8).			\$					
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). ☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.							\$			
							\$			
* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.										
Part 3: Sign Below										
The person completing this proof of claim must	Check the approp	oriate box:								
sign and date it.	☐ I am the cree	ditor.								
FRBP 9011(b).	☐ I am the cree	ditor's attorney	or authorized a	gent.						
If you file this claim	☐ I am the trus	tee, or the deb	otor, or their auth	orized agent. Bankru	ptcy Rule 30	04.				
electronically, FRBP				r codebtor. Bankrupto						
5005(a)(2) authorizes courts to establish local rules		, ,								
specifying what a signature	1	an authorized	aignatura on thi	s Proof of Claim serv	oe ae an ackr	owledament	that when calculating the			
is.	amount of the cla	im, the credito	r gave the debto	or credit for any paym	ents received	toward the de	ebt.			
A person who files a	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true									
fraudulent claim could be fined up to \$500,000,	asonable beli	ef that the info	ormation is true							
imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under p	enalty of perjur	ry that the foreg	oing is true and corre	ct.					
3571.	Executed on date									
		MM / DD /	YYYY							
	Signature									
	Print the name of the person who is completing and signing this claim:									
	Name									
	Name	First name		Middle name		Last name				
	Title	7								
Company										
	Identify the corporate servicer as the company if the authorized agent is a servicer.									
	Address									
		Number	Street							
		City			State	ZIP Code				
	Contact				Email					
	Contact phone				Lillall	-				

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